DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.

DATE

2003

FORM 1120A-ME

030012700

MAINE CORPORATE SHORT FORM INCOME TAX RETURN

Secretary of the	For Calendar Year 20	003 or Tax Year Beginning in 2003	Federal Employer ID Number
Name	For Tax Period MM DD	03 TO MM DD YY	Check box if federal Form 990T filed
Address			State of Incorporation
City, Town, or Post Office			State ZIP Code
Contact Person's First Name	Last Name		Phone Number
CHECK APPLICABLE BOXES:	(1) Initial return (2) Fina	al return (3) Change of r	name/address TO AMEND, FILE FORM 1120X-ME
Note: Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)			
FEDERAL TAXABLE INCO If negative, enter a minus s	ME (federal Form 1120, line 30 or Form ign in the box to the left of the number	1120-A, line 26)	.100
2h. STATE INCOME TAX REFU	NDS included in line 1 above	MINUS 2	
4a. INCOME TAXES IMPOSED	BY MAINE	PLUS 4	4a00
4g. BONUS DEPRECIATION/S	ECTION 179 expense add-back	PLUS 4	4g 00
6. MAINE NET INCOME. If no	egative, enter a minus sign in the box to	the left of the number=	600
7a. MAINE CORPORATE INCO	ME TAX (see tax rates on page 6)		7a00
8. Enter the amount of any ES	TIMATED TAX PAYMENTS and EXTENS	SION PAYMENTS MINUS	800
9b. Enter PENALTY FOR UNDE	ERPAYMENT of estimated tax	PLUS 9	9b 00
9c. TAX DUE (If line 7a minus li	ine 8 plus line 9b is positive, enter that a	amount here) = 9	9c 00
10. Amount of OVERPAYMENT	(If line 7a minus line 8 plus line 9b is ne	gative, enter that amount here) =	1000
11a. Amount of OVERPAYMENT	TO BE CREDITED to next year's liabilit	y 1	1a 00
11b. Amount of OVERPAYMENT	TO BE REFUNDED	1	1b00
TO USE THE SHORT FORM 1120A-ME, YOU MUST MEET ALL OF THE FOLLOWING CRITERIA: • 100% of business activity conducted in Maine (no apportionment of income). • Corporation is not a member of an affiliated group filing a separate return. • Corporation claims no tax credits other than extension payments or estimated payments (no real estate withholding payments). • Corporation is not required to pay Maine Alternative Minimum Tax. IF YOU DO NOT MEET THESE REQUIREMENTS, THEN FORM 1120ME MUST BE FILED.			
CORPORATION PRESIDENT'S NA	ME	SOCIAL SECURIT	Y NUMBER
TREASURER'S NAME		SOCIAL SECURITY	Y NUMBER
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. File return with:			
DATE OFFICER'S S	SIGNATURE	TITLE	Maine Revenue Services P.O. Box 1062 Augusta, ME 04332-1062

Office Use Only